| | Please type a plus sign (+) inside the Paperwork Reduction Act of 1995, no persons are required to | | PTO/SB/122 (10-00) through 10/31/2002. OMB 0651-0035 e: U.S. DEPARTMENT OF COMMERCE s it displays a valid OMB control number. |
|------------|--|----------------------|--|
| JUL 7' | CHANGE OF | Application Number | 09/891,144 |
| PARMY & TR | CORRESPONDENCE ADDRESS Application | Filing Date | June 25, 2001 |
| | | First Named Inventor | Grubbs, Robert H. |
| | , .pp | | |

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

| Application Number | 09/891,144 |
|------------------------|-------------------|
| Filing Date | June 25, 2001 |
| First Named Inventor | Grubbs, Robert H. |
| Group Art Unit | 1621 |
| Examiner Name | Zucker, Paul A. |
| Attorney Docket Number | 20072-0279379 |

| to: Customer Nu | spondence Address for the above-identified application mber Type Customer Number here | | Place Customer Number Bar Code Label here | | | | | | |
|--|---|-------|---|-------------|------------|--|--|--|--|
| OR | | • | | | | | | | |
| Firm <i>or</i> Individual Name | David H. Jaffer Pillsbury Winthrop LLP | | | | | | | | |
| Address | 2550 Hanover Street | | | | | | | | |
| Address | | | | | | | | | |
| City | Palo Alto | State | CA | ZIP | 94304-1115 | | | | |
| Country | USA | | | <u>.</u> | | | | | |
| Telephone | (650) 233-4500 Fax (65 | | (650) | 0) 233-4040 | | | | | |
| Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | | | | | |
| Typed or Printed Name David H. Jaffer, Reg. No. 32,243 Signature | | | | | | | | | |
| Date July 8, 2003 | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| Table of forms are submitted | | | | | | | | | |